

FEB 15 2019

16



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: HOTELINDA SUITES
 Address: Rivero St., Brgy. VIII, Vigan City, Ilocos Sur
 Tel.Fax No.: 077-722-2402
 Supplier Registered with: 102-277-382-000 V

PO No. 2019-006

Date: 2/13/2019

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement-
Small Value Procurement

Please deliver to this office within on February 14, 2019 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	20	pax	MEALS	250.00	5,000.00
			xxxxxxxxxxxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxxx	TOTAL	5,000.00
			Less: VAT (5%/1.12)		223.21
			PR No. 19-0213-0148		
			PURPOSE: For the Corporation's 24th Anniversary Celebration	TOTAL - NET	4,776.79

Terms & Conditions:

1. In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed.
2. For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
3. The contracting parties undertake to comply with Office Order No. 0018-2015 entitled "Reiteration of PhilHealth No Gift Policy (Revision 1) which is deemed incorporate into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or judicial entity, whether from the public or private sector, at anytime, on or off the work premises where such gift is given in the course of official duties or in connection with any transaction which may affect the functions of thier office or influence the actions of directors or employees, or create the appearance of a conflict of interest.
4. PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete or non-compliant as specification when quoted.
5. In case of returned/rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.
6. Deliveries should be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

Very truly yours,

Cynthia S. Santos
CYNTHIA S. SANTOS
 Division Chief IV / MSD Chief

Certified Budget Available: Funds Available in the amount of: 1,111

Jose A. Mones
JOSE A. MONES
 Fiscal Controller III

Jane Q. Ragos
JANE Q. RAGOS
 KC IV / FMS Chief

With in the COB: 2/14/19Expense Code: 20000000Bdget: 5000.00Remarks: PO SUPPLYConforme: Minna V. Me... 2-14-19

Signature over Printed Name and Position of Authorized Representative
Minna V. Me... Date: 2-14-19

APPROVED:

ALBERTO C. MANDURIAO
 Regional Vice President, PRO1

IN THE AUTHORITY OF THE **AVP**
Maricar M. Arzadon
MARICAR M. ARZADON MD
 MEDICAL OFFICER III

2/14/19 Date